Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
	NVS5423AGC		A. BUILDING B. WING		C 02/23/2011				
			STREET ADD	I RESS, CITY, STA	ATE, ZIP CODE	<u> </u>	5/2011		
I EYCELLENT ADLILT CADE SEDVICES			8280 HICK						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE OSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
Y 000	Initial Comments			Y 000					
V 070	The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on 11/30/10 to 2/23/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a re-survey grade of B. The following deficiencies were identified:		Y 870						
SS=E	provides assistance to administration of medical Ensure that a phyregistered nurse who interest in the facility: (1) Reviews for an appropriateness, at let the regimen of drugs the facility, including, over-the-counter medical ensurements taken by (2) Provides a write the administrator of the distribution of the distributio	of a residential facility the oresidents in the dications shall: sician, pharmacist or does not have a finance couracy and east once every 6 month taken by each resident without limitation, any dications and dietary y a resident.	ial ns of v to o the e file						

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		NVS5423AGC		B. WING		C 02/23/2011			
NAME OF PROVIDER OR SUPPLIER			STREET ADD	RESS, CITY, STA	ATE, ZIP CODE				
EXCELLENT ADULT CARE SERVICES			8280 HICKAM AVE LAS VEGAS, NV 89129						
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Y 870	Continued From page	e 1		Y 870					
	resident who is the subject of the report. (c) Make and maintain a report of any actions of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a).								
	Based on record revidid not ensure that a was performed by a pregistered nurse at lefor 1 of 3 residents relonger than six month. This was a repeat de State Licensure surve	ficiency from the 9/21/1	cility ew r iths						
	Severity: 2 Scope: 2	2							
Y 878 SS=E	449.2742(6)(a)(1) Me	edication / Change orde	r	Y 878					
	the physician. If a ph the amount or times in administered to a res	tion prescribed by a ministered as prescribe pysician orders a chang medication is to be ident: ponsible for assisting ir medication shall:	e in						

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	A. BUILDING B. WING NVS5423AGC		02/	C 02/23/2011					
NAME OF PR	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		20/2011		
EXCELLENT ADULT CARE SERVICES			8280 HICKAM AVE LAS VEGAS, NV 89129						
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Y 878	Continued From page 2			Y 878					
	This Regulation is not met as evidenced by: Based on observation, interview and record review on 11/30/10, the facility would be unable to administer as needed (PRN) medications as prescribed for 1 of 3 residents because their PRN medications were not available in the facility (Resident #1-ProAir Inhaler). Severity: 2 Scope: 1		able to						
Y 879 SS=H	879 449.2742(6)(a)(2) Medication / Change order		r	Y 879					
	the physician. If a ph the amount or times a administered to a res (a) The caregiver res administration of the	ation prescribed by a diministered as prescribe hysician orders a chang medication is to be sident: ponsible for assisting in medication shall: e container of the medication.	e in						
	Based on record revi 11/30/10 through 12/ ensure that 1 of 3 res as prescribed (Resid	ot met as evidenced by ew and interview on 7/10, the facility failed t sidents received medica ent #3-Seroquel 50mg, iven on 11/24/10 throug	o ations 1 tab						

AND PLAN OF CORRECTION IDENTIFICATION N		ER:	A. BUILDING B. WING	; <u> </u>	(X3) DATE SURVEY COMPLETED C 02/23/2011			
EVOELLENT ADULT CADE SEDVICES			HICKAM AVE					
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Continued From page 3			Y 879					
Findings include: Resident #3 was prescribed Seroquel 50 mg , 1 tab at bedtime by her physician for depression. Upon review on the Medications Administration Record, it was noted that the Seroquel for Resident #3 was not administered for six days from 11/24/10 through 11/30/10. Employee #1 stated the medication could not be refilled because the resident was seeing a new physician and that the new physician had not signed off on the medication order for the new order of Seroquel. Employee #1 stated attempts were made by phone to contact the resident's previous physician in order to have the prescription sent to the new physician approve the order. But the doctor would not return phone calls to the facility. The facility could not provide proof of any fax notices sent to the resident's physician notifying the doctor 's office of any missed medication dosages. On 11/30/10, the pharmacy was called and stated medication had not been signed off by the resident's new physician. The pharmacist contacted the doctor's office and were able to attain the signed medication order on 11/30/10. The pharmacist assured the medication would be ready to be picked-up by 12/1/10. Employee #1 sent proof of delivered medication								
Seroquel were received. Severity: 3 Scope: 2								
	Continued From page Findings include: Resident #3 was prestab at bedtime by her Upon review on the M Record, it was noted from 11/24/10 through Employee #1 stated threfilled because the rephysician and that the signed off on the medorder of Seroquel. Employee #1 stated aphone to contact the physician approve the not return phone calls could not provide provide provide of any missed resident's new physician the signed medication had not be resident's new physician the signed medication had not be resident's new physician approve the not return phone calls could not provide provide provide provide of any missed resident's new physician approve the not return phone calls could not provide provide provide of any missed resident's new physician approve the resident is physi	NVS5423AGC OVIDER OR SUPPLIER NT ADULT CARE SERVICES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FL REGULATORY OR LSC IDENTIFYING INFORMATI Continued From page 3 Findings include: Resident #3 was prescribed Seroquel 50 mg tab at bedtime by her physician for depression upon review on the Medications Administrat Record, it was noted that the Seroquel for Resident #3 was not administered for six day from 11/24/10 through 11/30/10. 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OVIDER OR SUPPLIER NY ADULT CARE SERVICES SIMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MATERIAL PROPERTY AND PRESENCE) THE ACTION SHOULD BE CROSS-REPERENCED TO THE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION ACTION SHOULD BE CROSS-REPERENCED TO THE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 Y 879 Findings include: Resident #3 was prescribed Seroquel 50 mg , 1 tab at be define by her physician for depression. Upon review on the Medications Administration Record, it was noted that the Seroquel for Resident #3 was not administred for six days from 112/4/10 through 117/30/10. Employee #1 stated the medication could not be refilled because the resident was seeing a new physician and that the new physician and that the new physician in order to have the prescription sent to the new order of Seroquel. 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		NVS5423AGC		B. WING		02/23/2011	
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EVOELLE	8280			AM AVE			
EXCELLE	NT ADULT CARE SERVI	ICES	LAS VEGA	S, NV 89129			
(X4) ID		ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECT	, ,	
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					DEFICIENCY)		
Y 883	Continued From page	e 4		Y 883			
V 883		ion / Resident Refusal		Y 883			
SS=E	449.2742(7) Medicali	ion / Resident Reidsar		1 000			
	NAC 449.2742						
	7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused						
	or missed.						
	This Regulation is not met as evidenced by: Based on interview and record review on 11/30/10, the administrator failed to ensure 1 of 3 resident physicians were notified within 12 hours after a dose of medication was missed or refused						
	(Resident #3).						
	Severity: 2 Scope: 2						
	Octonly. 2 Ocope. 2						
Y9999	Final Observations			Y9999			
	Based on observation and interview from 11/30/10 to 2/23/11, the facility did not have an administrator licensed by the Board of Examiners for Long Term Care Administrators to provide oversight and direction for the members of the staff of the facility as necessary to ensure that						
	residents receive needed services.						
	Severity: 2 Scope: 3						
	,,						